

Name In Full

Certificate of Death

Thomas Blaney

Died at *Ellicott City* ^{Town} *Howard* ^{County} MARYLAND

Date 19 *13* ^{Month} *June* ^{Day} *21* - Age *73* ^{Y.} *—* ^{M.} *—* ^{D.} *—* Native of *Ireland* Occupation *Farmer*

Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *6*

Husband of *Isabella Weatherston* *121*
 Wife of *Rogers Blaney* ^{Mother's} *Mary Ann Blaney*
 Name *Rogers Blaney* Maiden Name

Cause of { Primary *Hemorrhage of Kidney* How long sick *5 days*
 Death { Immediate *General Weakness* Accident, Suicide, Homicide

Reported by *John H. H. & Son*
 Address *West Friends Wife*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

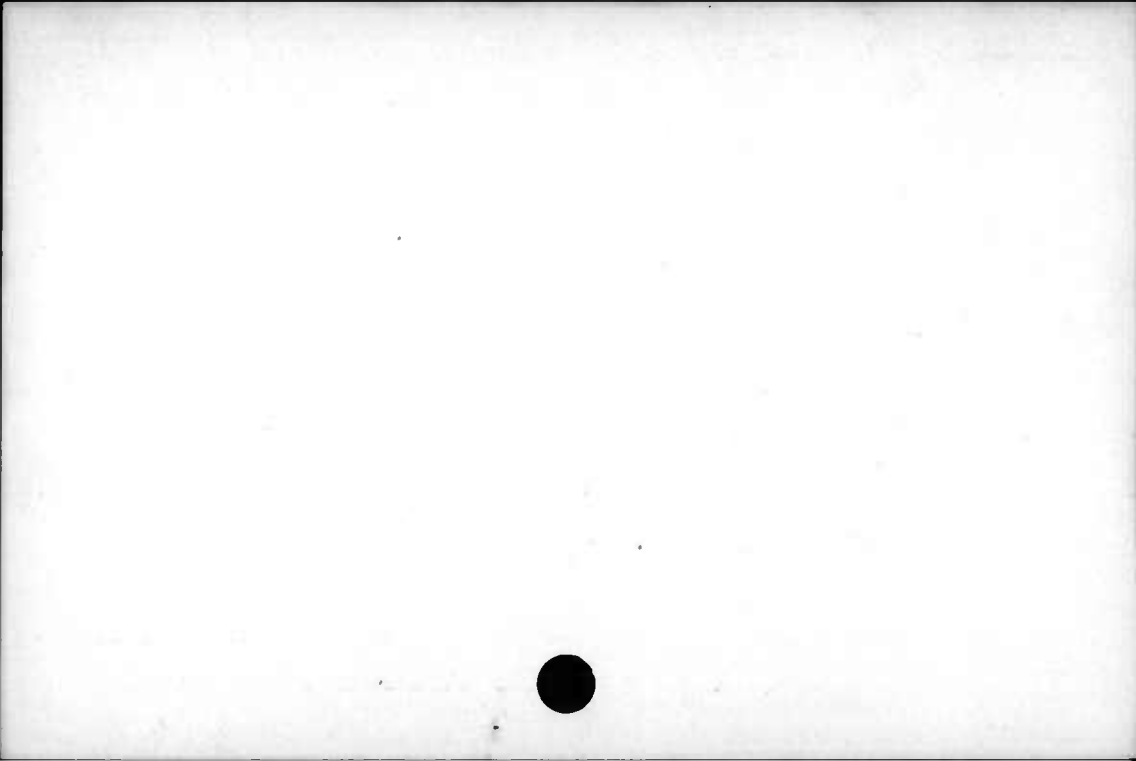
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>his home</i>		County <i>Howard</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>6</i>	Day <i>20</i>	Age <i>81</i>	Months <i>3</i>	Days <i>5-</i>
Sex <i>Fun -</i>	Color or Race <i>white</i>		Birth-place <i>Md</i>		
Married, Single or Widowed <i>widow</i>		Occupation <i>Retired</i>			
Name of Wife or Husband <i>Louise Carr</i>					
Father's Name <i>Charles Hammond</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Catherine Garrison</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>C. H. Carr</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Infirmities of Age</i>	How long <i>2 yrs</i>
Immediate <i>Brainic convolution</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Whistman</i>
	Address <i>120 W. Whistman</i>
	<i>Savage</i>
Accident or Suicide? <i>Neither</i>	<i>Md</i>



Name
in
Full

Henry M. Crawford

CERTIFICATE OF DEATH

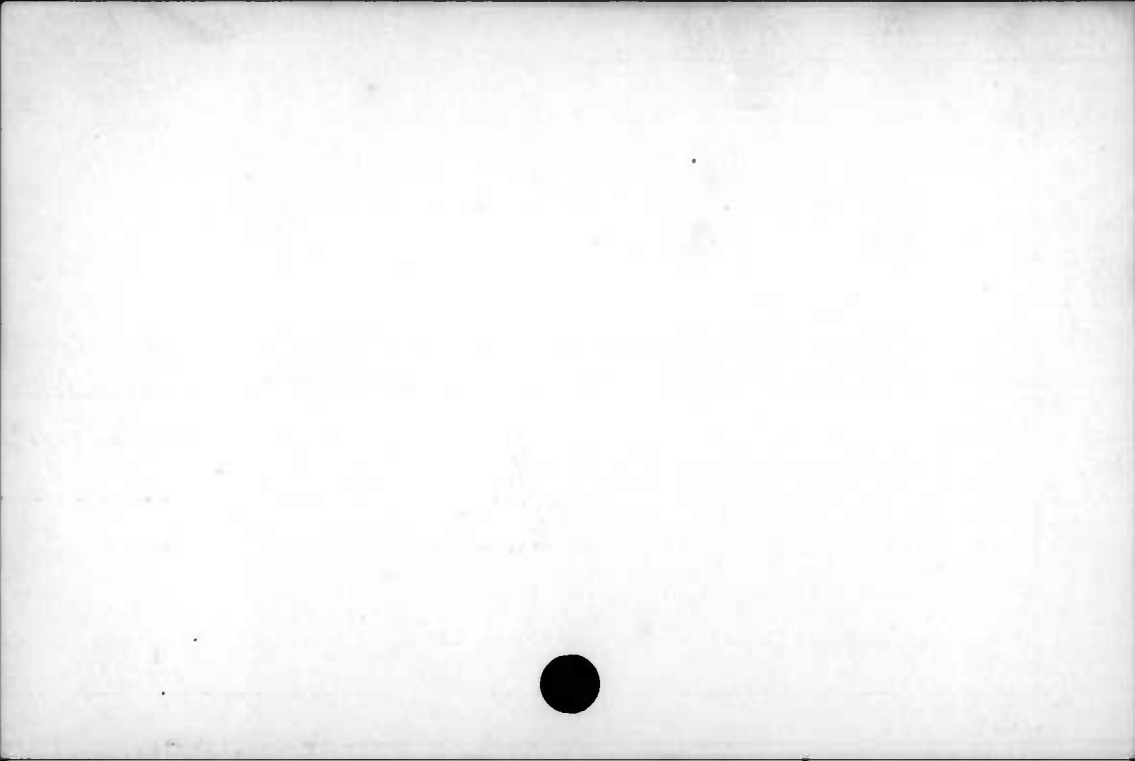
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Highland		County Howard		MARYLAND	
Date of death 1903	Month 6	Day 13	Age 38		Years		Months Days
Sex Male		Color or Race White		Birth- place Md.			
Married, Single or Widowed		Single		Occupation Whectonright			
Name of Wife or Husband							
Father's Name John Crawford				Father's Birthplace Md.			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation Mrs Henry McGraw				How related to deceased None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of Face & Neck	How long	Two yrs.
Immediate	Asthma	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		W. H. F. Givall	
Address		Highland, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

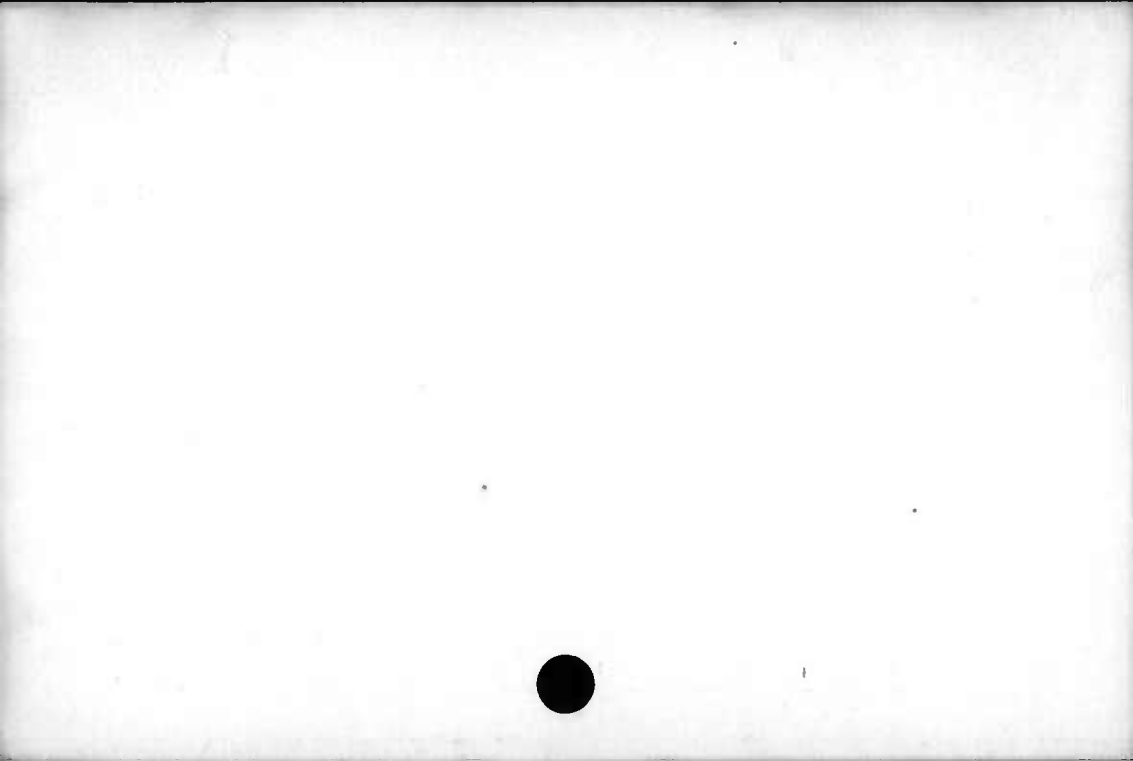
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Infant Dorsey</i>		Town <i>Simpsonville</i>		County <i>Stewart</i>		MARYLAND	
Died at <i>Simpsonville</i>		Month <i>6</i>		Day <i>27</i>		Age Years <i>1</i> Months <i>8</i> Days <i>8</i>	
Date of death 190 <i>3</i>		Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind</i>	
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Wm Palmer</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Eliza Dorsey</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Wm Dorsey</i>				How related to deceased <i>Step son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Insufficiency</i>	How long <i>2 weeks</i>
Immediate <i>Convulsions</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas R Wilson M.D.</i>
	Address <i>Simpsonville Ind</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Thomas France

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Waterville

Howard

Date

of death 1903

Month

June

Day

20

Age

Years

about 50?

Months

Days

Sex

Male

Color or
Race

Negro.

Birth-
place

Maryland.

Married, Single
or Widowed

Single

Occupation

Labourer.

Name of Wife or
HusbandFather's
Name

Upton France

Father's
Birthplace

Maryland.

Mother's
Maiden Name

Eliya Fredericks

Mother's
Birthplace

Maryland.

Name of person giving
in formation

C. Alexander France.

How related
to deceased

Brother.

CAUSES OF DEATH

Primary

Pneumonia Pulmonalis

How long

About 2 years.

Immediate

Asthma

How long

Three weeks

Are the name, age, sex, color, date
and place correctly given above?

I think so.

Signature of
Physician

J. W. Lacy.

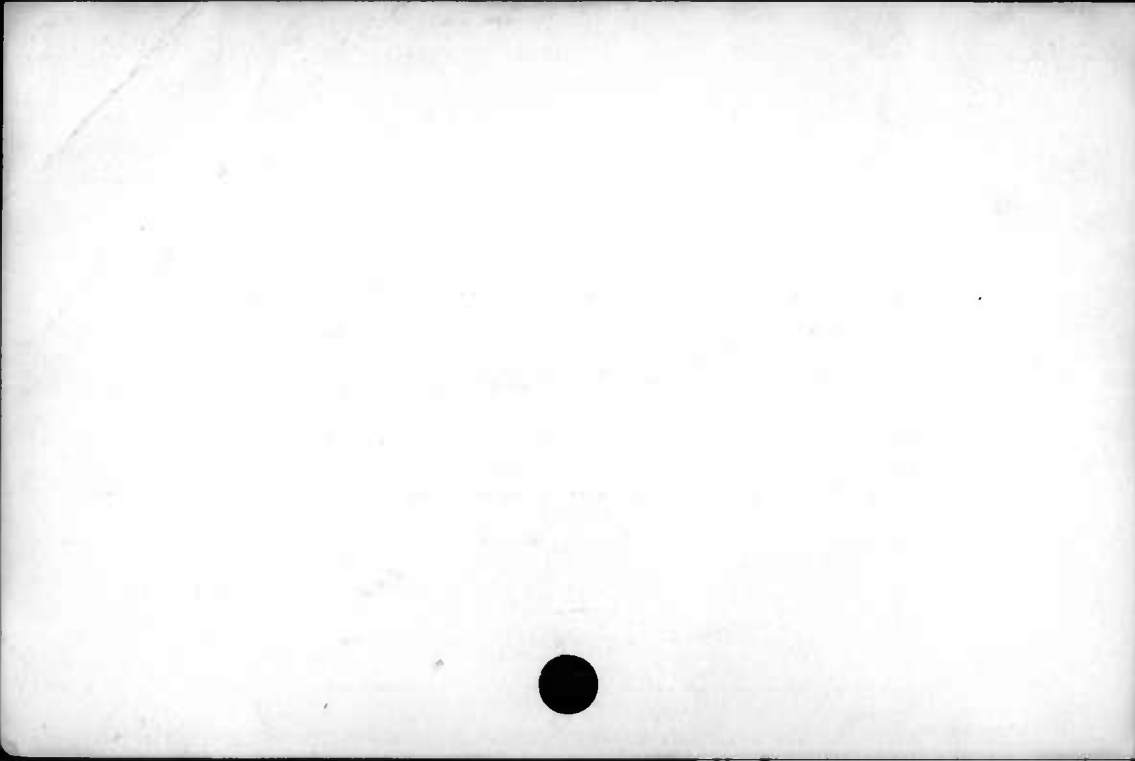
Address

Lisbon Ind.

Accident or Suicide?

No.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Died at ^{Town} *near Rouse* ^{County} *Howard* MARYLAND

Date 19*03* ^{Month} *June* ^{Day} *1* ^{Y.} *18* ^{M.} *60* ^{D.} *1* ^{Native of} *Dead Born* ^{Occupation}

Male ☐ White ☐ Married ☐ Widow ☐ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband
of
Wife

Father's Name *Jonah Gaine* Mother's Maiden Name *Eliza Gaine*

Cause of ☐ Primary ☐ How long sick

Death ☐ Immediate *Dead Born* ☐ ~~Accident, Suicide, Homicide~~

Reported by *H. D. Wolfe for Parents*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Seppuku* Town

County

Kennard

Date

of death 1903

Month

June

Day

29

Years

Age

Months

3

Days

22

Sex

*Male*Color or
Race*White*Birth-
place*Md.*Married, Single
or Widowed*—*

Occupation

*—*Name of Wife or
Husband*—*Father's
Name*John H. Keines*Father's
Birthplace*Md.*Mother's
Maiden Name*Mary Murphy*Mother's
Birthplace*Md.*Name of person giving
In formation*Mrs. M. Keines*How related
to deceased*Mother*

CAUSES OF DEATH

Primary

Acute Indigestion

How long

1 hour

Immediate

Coma

How long

*22 hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*N. M. Keines*

Address

Kennard, Md.

Accident or Suicide?



Name In Full

Certificate of Death

Lizzie Johnson.

Town

County

MARYLAND

Died at *Ellicott City**Howard*

Date 189	103	Month	Day	Y.	M.	D.	Native of	Occupation
189	103	June	30	30	-	-	Md.	Housework
Male	Female	White	Colored	Married	Single	Widow	Divorced	Number of children living
								—

Husband of —
Wife

Father's Name	<i>Samuel Johnson</i>	Mother's Name	<i>Lizzie Johnson.</i>
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Cause of	Primary	<i>Acute Indigestion - Asthma.</i>	How long sick	<i>1 hour.</i>
Death	Immediate	<i>Asthma.</i>	<i>Accident, Suicide, Homicide</i>	

Reported by	<i>L. L. Owens M.D.</i>
Address	<i>179 Ellicott City, Md.</i>

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79613



Name in Full

Certificate of Death

Gertrude King

Town

County

Died at

MARYLAND

Date 189

1903

Month

Day

Y.

M.

D.

Native of

Occupation

June 5

Age

19

New York housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Puerperal Eclampsia 20 days

How long sick

Death

Immediate

Paralysis of heart & debility

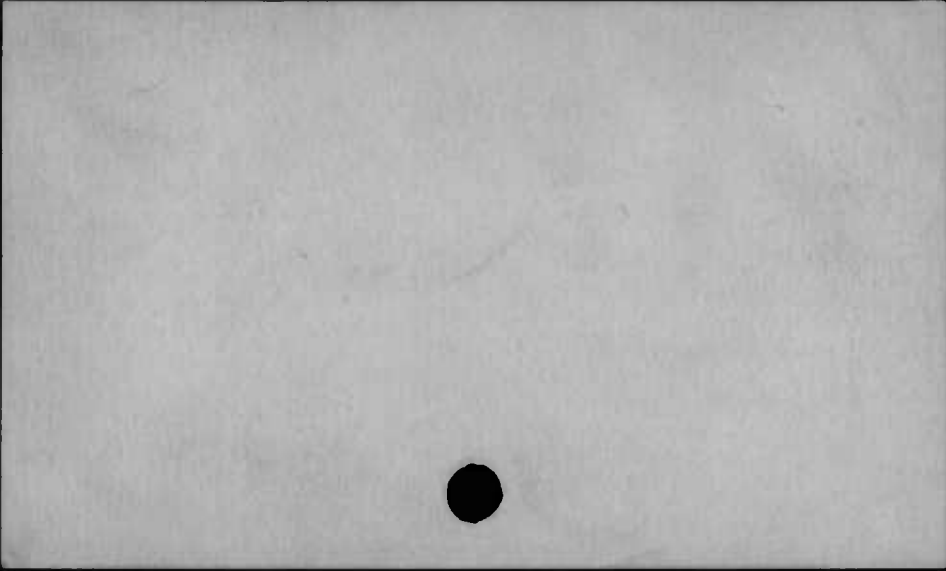
Accident, Suicide, Homicide

Reported by

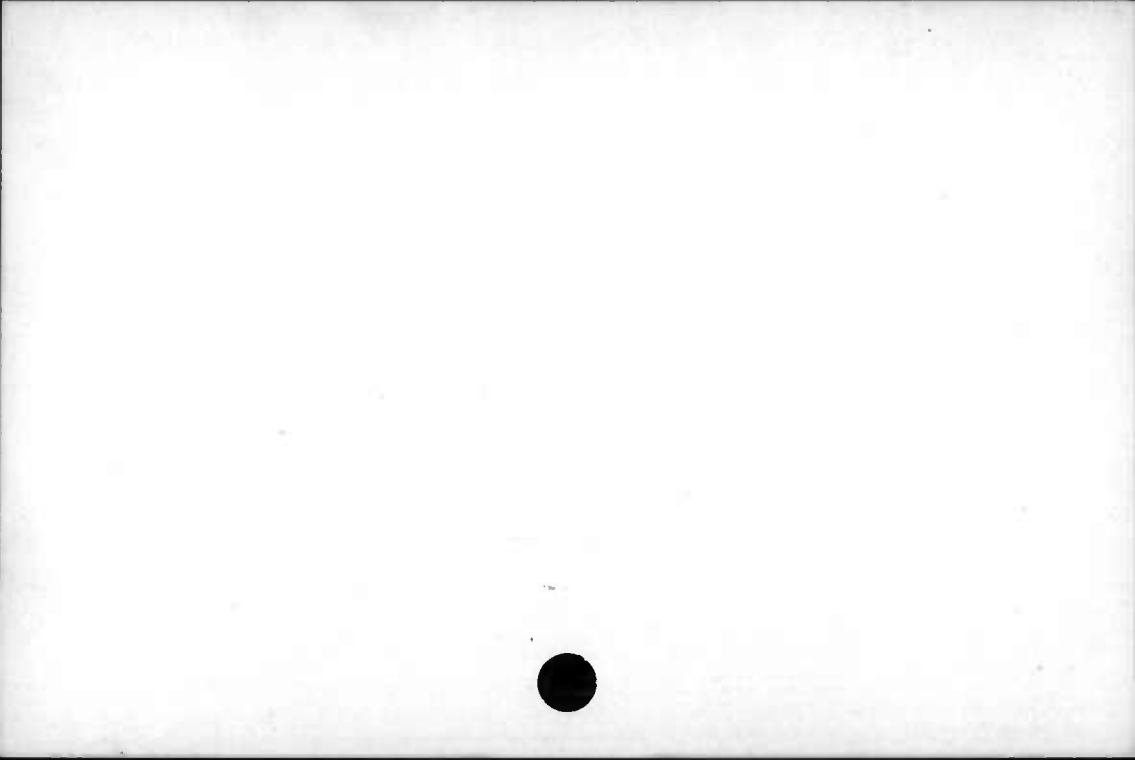
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596R



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>his home</i>		County <i>Harrow</i>	
		Date of death 190 <i>3</i> Month <i>6</i> Day <i>19</i>		Age Years <i>8</i> Months <i>9</i> Days <i>9</i>	
		Sex <i>male</i>	Color or Race <i>black</i>	Birth-place <i>Md.</i>	
		Married, Single or Widowed <i>Infant</i>	Occupation <i>—</i>		
		Name of Wife or Husband <i>—</i>			
		Father's Name <i>Walter Mack</i>	Father's Birthplace <i>Md.</i>		
		Mother's Maiden Name <i>Lizzie Arthur</i>	Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Lammont Arthur</i>		How related to deceased <i>Uncle</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Intestinal Inflammation</i>		How long	<i>2 weeks</i>
	Immediate	<i>Exhaustion</i>		How long	<i>1 day</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. H. Winterm. M.D.</i>		
	Address <i>Sub-ways</i>		Address <i>Md.</i>		
Accident or Suicide? <i>Neither</i>					



Name
in
Full

Carroll Savin Mitchell

CERTIFICATE OF DEATH

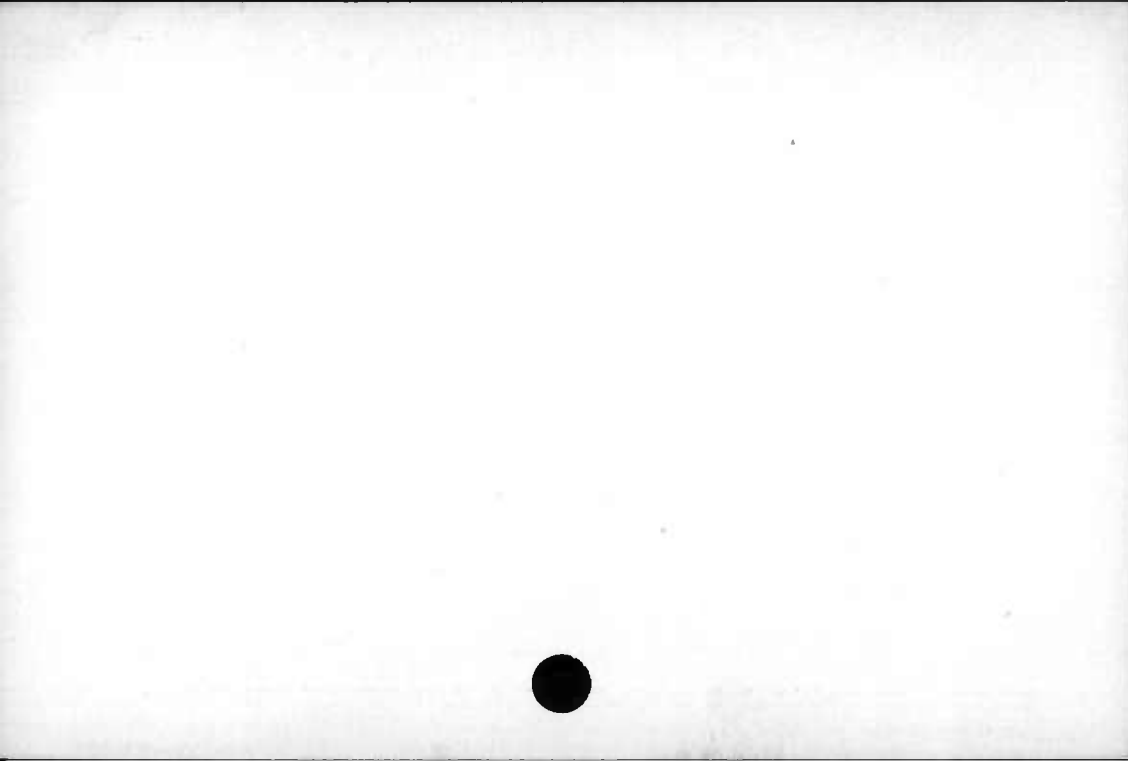
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Savage</i>		County <i>Howard</i>		MARYLAND	
Date of death 190		3	Month 6	Day 24	Age	Years	Months 1
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>md</i>			
Married, Single or Widowed <i>single</i>		Occupation <i>Infant</i>					
Name of Wife or Husband							
Father's Name <i>John M. Mitchell</i>				Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Ella B. Palmer</i>				Mother's Birthplace <i>Va</i>			
Name of person giving in formation <i>Ella B. Mitchell</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>1 mo</i>
Immediate <i>No reaction</i>	How long <i>1 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. L. Steinman M.D.</i>
	Address <i>Savage md</i>
Accident or Suicide? <i>mother</i>	



Name
in
Full

Henry A. Penny

CERTIFICATE OF DEATH

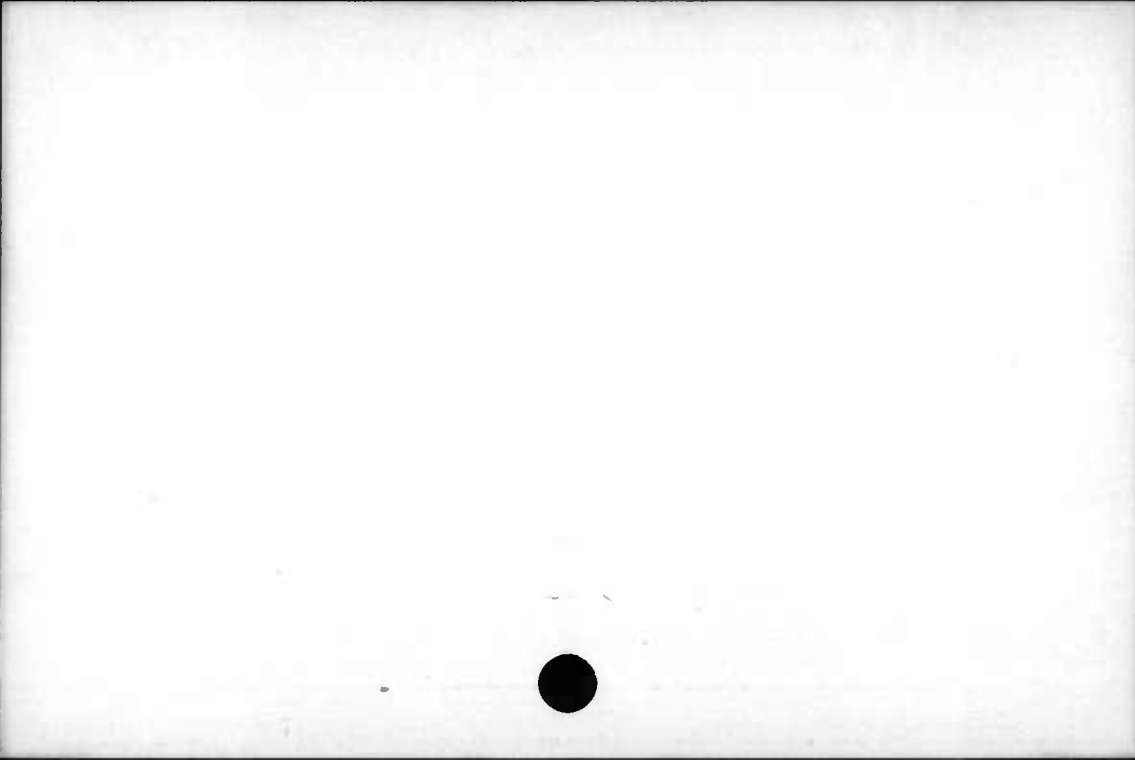
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Guineford		County Howard		MARYLAND	
Date of death 190	3	Month 6	Day 14	Age 81	Years 11	Months 2	Days 3
Sex male		Color or Race white		Birth- place Baltimore, Md.			
Married, Single or Widowed widower		Occupation Retired farmer					
Name of Wife or Husband Elizabeth Clark							
Father's Name W. Penny				Father's Birthplace Md.			
Mother's Maiden Name Sarah Lowe				Mother's Birthplace Md.			
Name of person giving information Mary Dorsey				How related to deceased daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Infirmitie of Age	How long 2 mo
Immediate Exhaustion	How long one week
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W. H. Intermittent M.D.
	Address Savage Md.
Accident or Suicide? no	



Peter Reynolds
 Town County

Died at

MARYLAND

Date 1903

Month Day
 June 2

Age

Y. M. D.
 70 - -

Native of

Md

Occupation

Farm hand

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

3

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pulmonary tuberculosis

How long sick about 10 mos.

Death

Immediate

Exhaustion -

Accident, Suicide, Homicide

Reported by

Wm R. Eareckson 27

Address

Elk Ridge.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Eugene N. Scott

CERTIFICATE OF DEATH

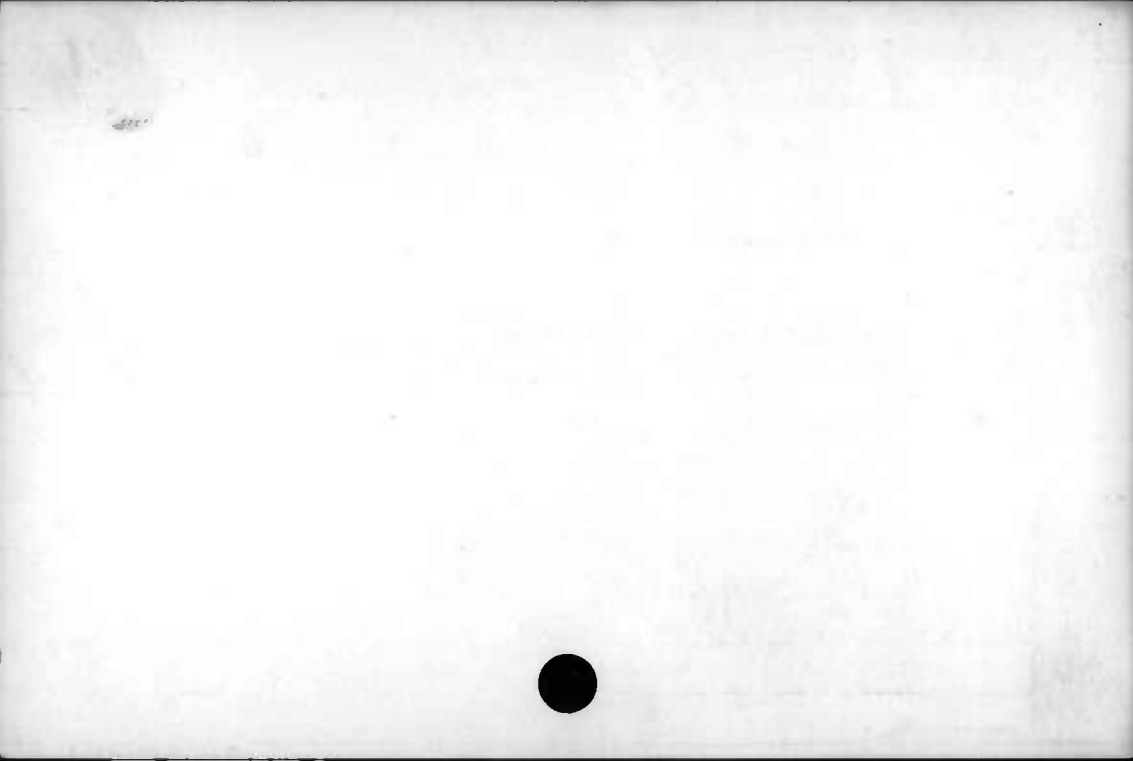
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Ellicott City</i>		County <i>Howard</i>		STATE <i>MARYLAND</i>	
Date of death 1903	Month <i>June</i>	Day <i>25</i>	Age <i>2</i>	Years <i>6</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Md.</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>Samuel Scott</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Carrie E. Ward</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Carrie E. Ward</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>24 days</i>
Immediate	<i>Convulsions</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John F. Mangon</i>	
<i>Yes.</i>		Address <i>Ellicott City Md</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dayton</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i> ^{Month}	<i>June</i> ^{Day}	<i>7</i> ^{Age}	<i>Years</i>	<i>Months</i>	<i>Days</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Dayton</i>			
Married, Single or Widowed <i>Single</i>		Occupation			
Name of Wife or Husband					
Father's Name <i>William Snorden</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Maria Thomas</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>S. A. Nichols</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Immature Birth</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. A. Nichols</i>
	Address <i>Dayton Ind</i>
Accident or Suicide?	



Name
in
Full

Leonard Thomas Speacht

CERTIFICATE OF DEATH

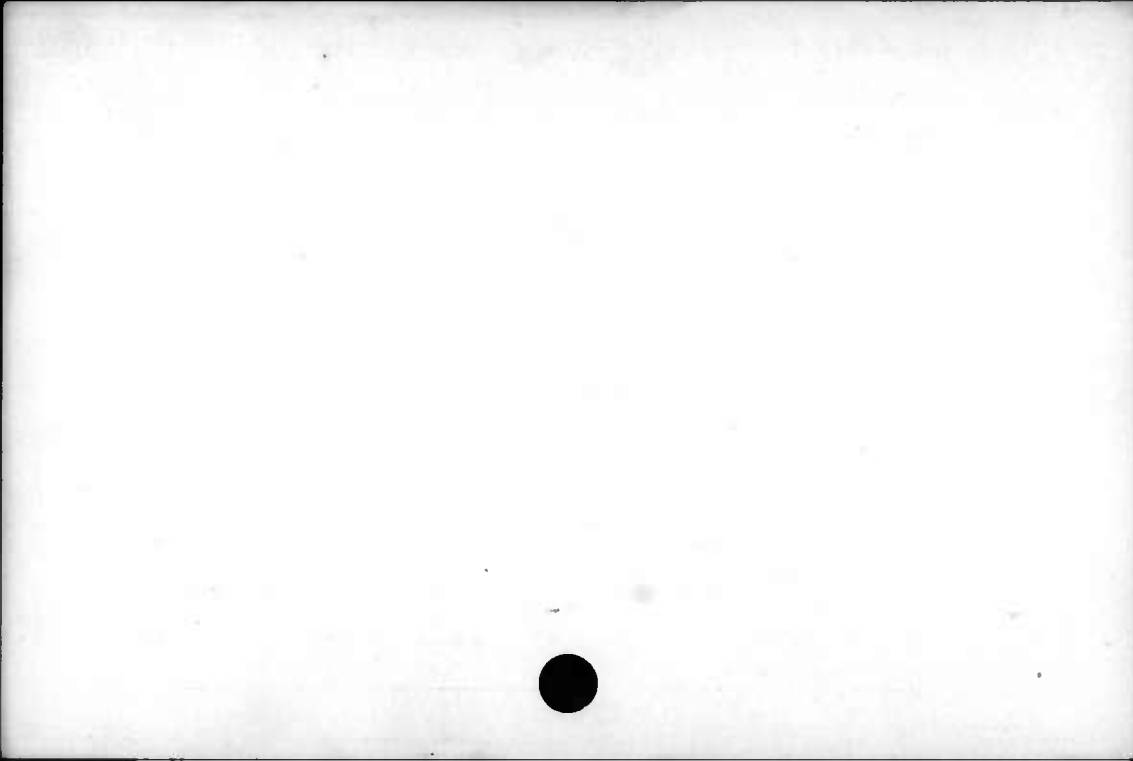
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Savage</i>		Town <i>Savage</i>		County <i>Howard</i>		MARYLAND	
Date of death 190		3	Month 6	Day 29	Age Years	Months 4	Days 16
Sex <i>male</i>		Color or Race		<i>white</i>		Birth- place <i>MD</i>	
Married, Single or Widowed		<i>Infant</i>		Occupation		<i>Infant</i>	
Name of Wife or Husband							
Father's Name <i>J. Jacob Speacht</i>				Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Helen Mackey</i>				Mother's Birthplace <i>MD</i>			
Name of person giving In formation <i>J. J. Penn</i>				How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Meningitis</i>		How long <i>3 weeks</i>	
Immediate <i>Convulsions</i>		How long <i>5 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. L. Littlejohn MD</i>	
<i>Yes</i>		Address <i>Savage</i>	
Accident or Suicide? <i>Neither</i>		<i>MD</i>	



Name in Full

Certificate of Death

Edgar Lee Thompson

Died at Dayton Howard MARYLAND

Town County
 Date 1903 June 5- Y. M. D. 15 Native of Ind Occupation
 Male White Married Widow Divorce
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Primary

Congenital Deformity

How long sick

10 days

Death Immediate

Marasmus

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

